

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90440 049 \*\*\*\*61.25

**DOCUMENT # N99000000122**

1. Entity Name

**CLAY COUNTY ECONOMIC DEVELOPMENT COUNCIL, INCORPORATED**



Principal Place of Business

**1734 KINGSLEY AVE  
ORANGE PARK FL 32073**

Mailing Address

**1734 KINGSLEY AVE  
ORANGE PARK FL 32073**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3554061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASS, ORIEN L  
1734 KINGSLEY AVE  
ORANGE PARK FL 32073**

Name **Danita Andrews**

Street Address (P.O. Box Number is Not Acceptable)

**1734 Kingsley Avenue**

City

**Orange Park**

**FL**

Zip Code

**32073**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Danita Andrews*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/10/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
NAME **MCGOWAN, TED**  
STREET ADDRESS **954 MARTIN AVENUE**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **Vice Chair** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☒ Delete  
NAME **MOOREHEAD, GREGORY**  
STREET ADDRESS **296 BLANDING BLVD**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Theresa Smith**  
STREET ADDRESS **1543 Kingsley Ave.**  
CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **VC** ☐ Delete  
NAME **WILKINSON, JON**  
STREET ADDRESS **6320 ST AUGUSTINE RD**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **Chair** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **MILLER, FRANK**  
STREET ADDRESS **200 WEST FORSYTH ST SUITE 1400**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **ROBERTSON, DAVID**  
STREET ADDRESS **4651 SALISBURY RD SUITE 400**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **Treasurer** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **PRICE, JIM**  
STREET ADDRESS **PO BOX 1770**  
CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Jack Myers**  
STREET ADDRESS **320 Corporate Way, Suite 200**  
CITY-ST-ZIP **Orange Park, FL 32073**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Danita Andrews*

**1/10/03**

**904-264-7373**

CR2037 (10/02)